



STATE OF MISSISSIPPI  
DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED ADOPTION

Mississippi Department of Insurance  
c/o Lee Harrell, Deputy Commissioner  
501 N. West Street, Suite 1001  
P.O. Box 79  
Jackson, MS 39205  
(601) 359-3569  
lee.harrell@mid.state.ms.us

Governor's State of Emergency Proclamation of August 26, 2005;  
Governor's State of Emergency Proclamation of September 2, 2005;  
State of Mississippi Emergency Operations Plan and Executive Order No. 653  
Senate Bill 2381, 2006 Regular Legislative Session

Specific Legal Authority authorizing the promulgation of Rule:  
§§ 33-15-11(b)(9); 33-15-11(c)(4); 83-5-1, et seq.

Reference to Rules repealed, amended or suspended by the Temporary Rule:  
Emergency Regulation 2006-4

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: :**

This agency issued Emergency Regulation 2006-4 to expand the "Special Mediation Program for Personal Lines Residential Insurance Claims Resulting from Hurricane Katrina" as established in Regulation 2005-2, as amended, in order to allow parties in litigation to participate in the Hurricane Katrina mediation program, upon an order by a court of competent jurisdiction and to set the fees to be collected in said mediations. Emergency Regulation 2006-4 is necessary in order to promote and secure the safety and protection of the citizens of the State of Mississippi by alleviating crowded court dockets and meeting the critical need for litigants to have access to an alternative procedure for the effective, fair and timely handling of residential insurance claims. This agency is filing to make Regulation 2006-4 permanent. Furthermore, pursuant to Miss. Code Ann. § 25-43-3.113(2)(b)(iv), the effective date of this rule shall be a subsequent date earlier than the thirty (30) days allowed by law; the effective date shall be May 25, 2007.

This rule is proposed as a ☒ Final Rule, and/or a ☐ Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

☒ An oral proceeding is scheduled on this rule on Date: May 2, 2007 Time: 9:30 a.m.  
Place: Woolfolk State Office Building, Suite 1001, South Conference Room, 501 N. West Street, Jackson, MS 390201

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address by 4:00 p.m. on April 27, 2007, to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

☐ An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

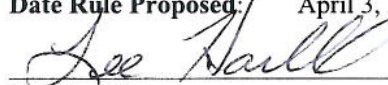
Economic Impact Statement: Check one box below:

☒ The agency has determined that an economic impact statement is not required for this rule, or  
☐ The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: April 3, 2007

Proposed Effective Date of Rule: May 25, 2007

  
Lee Harrell  
Deputy Commissioner of Insurance

SOS FORM APA 001  
Effective Date 07/29/2005